



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Professions Licensure  
239 Causeway Street, Suite 500, Boston, MA 02114

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MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

**Request for Accommodation for Medical Incapacity**

Name:  
License No.:  
Docket No.:

I am requesting that the Board consider an accommodation on the basis of my medical incapacity with respect to the requirements I am obligated to fulfill pursuant to the probation of my license.

I am unable to fulfill the requirements of my probation due to the following medical condition(s):

I expect that I will:

- ☐ never be able to return to practice as a result of my condition(s).
- ☐ be able to fulfill the requirements of my probation and return to practice at some point in the future.

**IMPORTANT:** In order for the Board to consider this request, you must provide a letter from your physician that supports your claim of medical incapacity. The letter must include the following information:

- (1) Whether the physician has reviewed the agreement or order that contains the terms of my probation;
- (2) Whether the physician is of the opinion that I am able or unable to fulfill the probation requirements due to one or more medical conditions;
- (3) If the physician is of the opinion that you are unable to fulfill the probation requirements due to one or more medical conditions,
  - a. The diagnosis and prognosis for each such condition;
  - b. Whether you are capable of safely practicing your profession;
  - c. Whether you are expected to recover sufficiently to be able to practice safely and fulfill the requirements of your probation in the future, with an estimated date

**I have supplied a letter from my physician in accordance with the instructions above.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

To submit this form for consideration, please send complete and signed forms to the attention of Karen Fishman by:

1. Email (must be a scanned copy with signature appearing on the form):

[Karen.L.Fishman@MassMail.State.MA.US](mailto:Karen.L.Fishman@MassMail.State.MA.US)

2. Fax: (617) 973 – 0983

3. Mail: Probation Monitor  
Bureau of Health Professions Licensure  
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